ACH Project Plan Supplemental Data Workbook Template:
Funds Distribution

* All funding estimates are considered preliminary and subject to change when NCACH understands the changes to DSRYP funding that could come to our region and the costs associated with full project implimentation plans

Planned Use of Project Incentive Funds - Distribution by Use Category

Using this tab of the Supplemental Data Workbook, fill out the section below to indicate anticipated high-level distribution of Project Incentive funds by use category over the course of the demonstration (DY1 through DY 5 combined).
The following reflects fixed, required use categories that should not be changed. In the additional rows, ACHs may enter in additional use categories but are encouraged to use the standard use categories to the extent possible. The intent is to standardize the broader use categories to the extent possible, with the category definitions allowing each ACH to use additional detail.
For all use categories (required and optional), ACHs must provide definitions of the use categories.

SECTION 1: Planned Use of Project Incentive Funds - Distribution by Use Category

Use Category	Description	Use Category Definition	Est. Percent of Total
Project Management and Administration	*Central management of DSRIP Projects (e.g. Central services provided by an ACH, Conveneing, etc.)*	*Direct NCACH project management will be paid by design funds. This funding will cover contractors that work with partnering providers in the region to address specific needs that related to every partner in a project (e.g. Center for Collaboration, Motivation and Innovation helping NCACH establish a learning collaborative for behvioral health and primary car providers)*	2%
Provider Engagement, Participation and Implementation	*Project Incentive funds distributed to providers to support or incentivize engagement in Project planning or to fund specific implementation activities*	*Funding that will be used to help with initial capacity building for partnering providers and than be distributed based on partnering providers reporting process measures that will help NCACH achieve the "pay-for-reporting" metrics outlined in the Toolkit*	60%
Provider Performance and Quality Incentive Payments	*Project Incentive funds distributed to providers based on quality or other performance metrics*	*NCACH will be allocating "pay-for-performance" funding based on how partners assist NCACH in moving the metrics. Therefore, any P4P funding falls under this use catergory. The exact methodology of funds allocation to partnering providers will be developed in Q1 of 2018*	23%
Health Systems and Community Capacity Building	*Project Incentive funds distributed to support the required health systems and community capacity (Domain 1) focus areas including value-based payment, workforce development, and population health management. ACHs will be required to put a prescribed percentage of funds in this category to support statewide Domain 1 efforts in addition to the percentage to be distributed for their own activities.*	*Funding for Health Systems and Community Capacity buidling allocates funds to assist in a regional HIT/HIE system,to support potential contractors to assist regional partners to move towards Value Based Purchasing, and potential work of NCACH around Workforce Development*	15%
Additional Use Category			0%
Additional Use Category			0%
Additional Use Category			0%
Additional Use Category			0%
Additional Use Category			0%
Additional Use Category			0%
Additional Use Category			0%
Additional Use Category			0%
Additional Use Category			0%
	Total Percent:		**100%**

Internal Use Only:

Overall Project Pool Fund Dollars available:	**$29.5M in Project Pool Funding (30% reduction in Project Pool Funds)**
Project Management and Administration	Estimated $800,000 for CCMI over the course of the demonstration.
Provider Engagement, Participation and Implementation	Estimated that we spend $17.7M on partners in the implimentation of project plans
Provider Performance and Quality Incentive Payments	Estimated that $8.28M be earned and paid for by Provider performance and Quality Incentive payments (100% of P4P funds)
Health Systems and Community Capacity Building	Estimated that $5.4M be dedicated to Value Based Purchasing and EHR workgroup (Dollars would be allocated for regional EMR and VBP workgroup contractor)

**This does not include the $6M in Design funds or the $5.5M in Mid-adoptor funds since the chart asks specifically about project pool funds*

ACH Project Plan Supplemental Data Workbook Template: Funds Distribution

Planned Use of Project Incentive Funds - Distribution by Organization Type

* All funding estimates are considered preliminary and subject to change when NCACH understands the changes to DSRYP funding that could come to our region and the costs associated with full project implimentation plans

Using this tab of the Supplemental Data Workbook, fill out the section below, projecting how the ACH will distribute its Project Incentive funds by organization type for DY 1.

Section 1: Planned Use of Project Incentive Funds - Distribution by Organization Type

Organization Type	DY 1	DY 2	DY 3	DY 4	DY 5
ACH Organization / Sub-contractors	**7%**	**0%**	**0%**	**0%**	**0%**
Partnering Provider Organizations	**93%**	**0%**	**0%**	**0%**	**0%**
Providers traditionally reimbursed by Medicaid (e.g., primary care providers, oral health providers, mental health providers, oral health providers, hospitals and health systems, nursing facilities)	54%	0%	0%	0%	0%
Providers not traditionally reimbursed by Medicaid (e.g., community-based and social organizations, corrections facilities, Area Agencies on Aging)	15%	0%	0%	0%	0%
Tribes/ITUs	2%	0%	0%	0%	0%
Other	22%	0%	0%	0%	0%
Total Percent:	**100%**	**0%**	**0%**	**0%**	**0%**

NOTE: Distribution percentages should be estimated to include both direct recipients of funds AND indirect beneficiaries of centralized investments.

Define types of organizations included in "Other," if any:

Funding Percentages: The above percentages are based on NCACH receiving $4.416M in project incentive funds through the project plan application. This take into consideration the reduction in funding that has been discussed with HCA (~36%)

ACH Organization /Subcontractors: This funding would go directly to the subcontractors of NCACH to work with partnering providers including the Center for Collaboration Motivation and Innovation and Providence CORE

Other: This would include funding that would be utilized to help improve EMR/HIE functions and creating a regional approach to address Value Based Purchasing. This could go to provider groups, but uncertain the exact details on how spending will be accomplished. Therefore funding is going under the "Other" category. This catergory includes funds that will be held by the Fianicial Executor in DY1 to be allocated to partners at a later date.

Preliminary Recommended Approaches and Target Populations (Project Plan Application)

Project	Evidence Based Approach	Target Population

2A – Bi-Directional Integration	1. Behavioral Health into Primary Care:
	  1. Bree Collaborative (Primary)
	  2. Incorporate elements of Collaborative Care Model
	2. Primary Care into Behavioral Health (Clinics can choose one of the following):
	  1. Off-site, Enhanced Collaboration
	  2. Co-located, Enhanced Collaboration
	  3. Co-located, Integrated
		1. All Medicaid beneficiaries (children & Adults) particularly those with or at-risk for behavioral health conditions, including mental illness and/or substance use disorder (SUD)
		* Each Individual clinic will take these approaches and tailor them to their more specific subpopulation

2B - Community Based Care Coordination	1. Pathways Community Hub	1. Medicaid beneficiaries with one or more chronic disease or condition that that synchronizes with Transitional Care and Diversion Interventions populations – re-entry from intensive settings (Jail, ER, hospital) in particularly high ER utilizers.
2C - Transitional Care	1. Care Transitions Intervention 2. Care Transitions Interventions in Mental Health 3. Evidence-Informed approaches to Transitional care for people with health and behavioral health needs leaving Incarceration	1. Medicaid beneficiaries in transition from intensive setting of care or institutional settings, including beneficiaries discharged from acute care to home or supportive housing, and beneficiaries with SMI discharged from impatient care, or client returning to the community from prison or jail.
2D - Diversion Intervention	1. Emergency Department (ED) Diversion 2. Community Paramedicine Model	1. Medicaid beneficiaries presenting with ED for non-acute conditions 2. Medicaid beneficiaries who access EMS services for non-acute issues
3A - Addressing the Opioid Crisis	1. 2016 Washington State Interagency Opioid Working Plan. *Implementation plan includes the following: Prevention, Treatment, Overdose Prevention, and Recovery	1. Medicaid beneficiaries, including youth, who use, misuse, or abuse, prescription opioids and/or heroin.
3D – Chronic Disease Prevention and Control	1. Chronic Care Model	Medicaid beneficiaries (adults & children) with: 1. Diabetes 2. Heart Disease *Medicaid beneficiaries with behavioral health issues is not an target population option however, we will likely address this with in combination with 2A